Evidence for addition in 18 shown on:

FILM No. G 125 APR 25 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04392

Reg. Dist. No. 265

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Somerset	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
LENGTH OF STAY (in this place) Life	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Paper & 7th Sts.	STREET ADDRESS Paper & 7th Sts. (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
LILLIAN	M.	BALLARD	4/2/1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Female	Colored	Widowed	Aug. 11, 1891	58 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Cook	Private Family	Crisfield, Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Scott White	Marian Fisher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		Mrs. Dora Holden--Crisfield, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral vascular accident	24 hrs
171 Antecedent cause(s)		
48b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized carcinomatosis	2 yrs
	(c) Primary of uterine cervix (4-25-50 - ams)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from April 1, 1950, to April 2, 1950, that I last saw the deceased alive on April 2, 1950, and that death occurred at 1:30 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Alberta M. Mattax	M. D.		

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Apr. 5, 1950	Private Cemetery	Crisfield, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
4/5/50	Betty W. Tyler	Bradshaw Funeral Parlors Crisfield

52086

RECEIVED
APR 10 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04394

CERTIFICATE OF DEATH

Reg. Dist. No. 76.0

1. PLACE OF DEATH
COUNTY: Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Upper Fairmount
LENGTH OF STAY (in this place): 67 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Upper Fairmount
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Cora (Middle) B. (Last) Barry

4. DATE OF DEATH: (Month) April (Day) 14 (Year) 1950

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: Aug. 12, 1882

9. AGE last birthday: 67 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): home

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Upper Fairmount, Md.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: William Revell

14. MOTHER'S MAIDEN NAME: Nancy Mariner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: 219-07-6624

17. INFORMANT AND ADDRESS: William Barry, Upper Fairmount, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Terminal Pneumonia	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma Left Parotid Gland	2 yrs.
	(c)	

142.1
55e

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Obesity & Ch. Myocarditis

19a. DATE OF OPERATION: 11/20/49

19b. MAJOR FINDINGS OF OPERATION: Squamous Cell Carcinoma Left Parotid Gland

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 25, 1950, to April, 19....., that I last saw the deceased alive on 4/13/50 19....., and that death occurred at 1:50 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Chas. B. Wheatley M.D. — ADDRESS: Princess Anne, Md. — DATE SIGNED: 4/14/50

23. BURIAL, CREMATION, REMOVAL (Specify): burial — DATE THEREOF: 4-16-1950 — NAME OF CEMETERY OR CREMATORY: Family Cemetery — LOCATION (City, town, or county) (State): Upper Fairmount Md

DATE REC'D BY LOCAL REG.: 4/15/50 — REGISTRAR'S SIGNATURE: R.H. Johnson, M.D. — 24. FUNERAL DIRECTOR / ADDRESS: Lewis B. Wilson, Princess Anne, Md

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
APR 19 1950
BUREAU U. S.

R. Geo. Coulbourne

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04395

CERTIFICATE OF DEATH

Reg. Dist. No. 261

1. PLACE OF DEATH· COUNTY: Somerset — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED· STATE: Maryland — COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural- Kingston — LENGTH OF STAY (in this place): Life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural- Kingston
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Kingston Road	STREET ADDRESS (If rural, give location): Kingston Road

3. NAME OF DECEASED (Type or Print)	(First) Mary	(Middle) Lucretia	(Last) Chamberlin	4. DATE OF DEATH	(Month) April	(Day) 17	(Year) 1950
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single	8. DATE OF BIRTH: Aug. 20, 1928	9. AGE last birthday: 21 yrs.	If under 1 year: Months 7	Days 27	If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): School teacher	10b. KIND OF BUSINESS OR INDUSTRY: Dept. of Ed.	11. BIRTHPLACE (State or foreign country): Maryland	12. CITIZEN OF WHAT COUNTRY? USA				
13. FATHER'S NAME: Robert Lewis Chamberlin	14. MOTHER'S MAIDEN NAME: Mary Hallock Cochrane						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service)	16. SOCIAL SECURITY No.: None	17. INFORMANT AND ADDRESS: Robert L. Chamberlin, Jr. Kingston					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Dil of Heart — 1 week

190 X Antecedent cause(s)

53 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Melanoma — 18 months

(c) with metastasis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Biopsy 18 mth ago	19b. MAJOR FINDINGS OF OPERATION: Melanoma	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify): —	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour): — m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1949, to April 17, 1950, that I last saw the deceased alive on April 17, 1950, and that death occurred at 7 30 P m., from the causes and on the date stated above.

SIGNATURE: George C Coulbourne M D (Degree or title) — ADDRESS: Marion Md — DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: April 20, 1950	NAME OF CEMETERY OR CREMATORY: Episcopal	LOCATION (City, town, or county) (State): Princess Anne, Md.
DATE REC'D BY LOCAL REG.: April 19/50.	REGISTRAR'S SIGNATURE: Betty Massey	24. FUNERAL DIRECTOR: Burward Q. Covington, Crisfield, Md	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 4

V3491

RECEIVED
APR 25 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

04396

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crisfield
LENGTH OF STAY (in this place): 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Edw. McCready Mem. Hosp. Crisfield, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Marion
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print): (First) Emma (Middle) (Last) Curtis

4. DATE OF DEATH: (Month) April (Day) 17, (Year) 1950.

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: May 17, 1884

9. AGE last birthday: 66 yrs.
If under 1 year: Months 1mo. Days
If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife & Oyster Shucker

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Marion, Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Moses Gerald

14. MOTHER'S MAIDEN NAME: Keddie Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If year, give war or dates of service):

16. SOCIAL SECURITY No.: 217-07-3860

17. INFORMANT: Grace Kurg

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Dec 2 Heart Uremia — Interval Between Onset and Death: 10 days

442 Antecedent cause(s)

131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Hemiplegia — 10 days

(c) Arteriosclerotic Chronic Nephritis — Yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the death or condition causing death. Generalized Arteriosclerosis

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 1st, 1950, to April 17, 1950, that I last saw the deceased alive on April 17, 1950, and that death occurred at 11:10 A.M., from the causes and on the date stated above.

SIGNATURE: Geo. C. Gallaher M.D. (Degree or title) ADDRESS: Marion, Md DATE SIGNED:

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: 4/20/50
NAME OF CEMETERY OR CREMATORY: Library Cemetery
LOCATION (City, town, or county) (State): Marion-Route-Md

DATE REC'D BY LOCAL REG. April 18/50
REGISTRAR'S SIGNATURE: Betty Massey

21. FUNERAL DIRECTOR: George W. Dilgheman ADDRESS:

VS. A15

4960 K1

RECEIVED
APR 30 1980
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

I

04397

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chance
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland Somerset COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chance
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) CORA (Middle) ELIZABETH (Last) DONALDS

4. DATE OF DEATH (Month) April (Day) 25th (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed
8. DATE OF BIRTH Nov. 7, 1876
9. AGE last birthday 73 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife
10b. KIND OF BUSINESS OR INDUSTRY Domestic
11. BIRTHPLACE (State or foreign country) Chance, Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Planter Mister
14. MOTHER'S MAIDEN NAME Amanda Whitelock

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Ina B. Collins Mt. Vernon, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Haemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 days

331 X Antecedent cause(s)

83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Ap 23rd, 1950, to Ap. 25, 1950, that I last saw the deceased alive on Ap. 23rd, 1950, and that death occurred at 9:45 a. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Eldon G. Marksman ADDRESS Princess Anne, Md DATE SIGNED 4-26.50

23. BURIAL, CREMATION REMOVAL (Specify) burial
DATE Apr. 27, 1950
NAME OF CEMETERY OR CREMATORY Chance Cemetery
LOCATION (City, town, or county) (State) Chance, Maryland

DATE REC'D BY LOCAL REG. 4/28/50
REGISTRAR'S SIGNATURE L. H. Johnson, M.D. Jr.
24. FUNERAL DIRECTOR Brakshaw Funeral Parlors, ADDRESS Crisfield

RECEIVED
MAY 3 1950
BUREAU V. S.

Dr. Whaley

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04398

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH · COUNTY: Somerset MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Eden — LENGTH OF STAY (in this place):	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Eden
HOSPITAL OR INSTITUTION OR STREET ADDRESS: R.D. # 2	STREET ADDRESS (If rural, give location): R.D. # 2

3. NAME OF DECEASED (Type or Print)	(First) Isaac	(Middle) James	(Last) Dove	4. DATE OF DEATH	(Month) April	(Day) 20	(Year) 1950
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married	8. DATE OF BIRTH: July 18-1885	9. AGE last birthday: 64 yrs.	If under 1 year: Months 9, Days 2	If under 24 hrs.: Hours, Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ferry Man Wicomico Co.	10b. KIND OF BUSINESS OR INDUSTRY: Creek (Labour)	11. BIRTHPLACE (State or foreign country): Wicomico Co. Maryland	12. CITIZEN OF WHAT COUNTRY? USA				
13. FATHER'S NAME: Wesley Dove	14. MOTHER'S MAIDEN NAME: Lucrecia Denson						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS: Mrs. Katherine A. Dove (Wife) R.D. # 2 Allen Maryland					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Thrombosis	2 days
443 X Antecedent cause(s)		
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Ch. Myocarditis	2 yrs.
	(c) Myocardial failure	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hypertension

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 4, 1946, to April 19, 1950, that I last saw the deceased alive on April 19, 1950, and that death occurred at 4:55 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Thos. B. Whaley M.D.		Princess Anne Md.	4/21/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: 4 / 22 / 50	NAME OF CEMETERY OR CREMATORY: Allen Cemetery	LOCATION (City, town, or county) (State): Allen Maryland
DATE REC'D BY LOCAL REG.: 4/21/50	REGISTRAR'S SIGNATURE: R.H. Johnson, M.D.	24. FUNERAL DIRECTOR: Holloway & Company -Salisbury, Md.	ADDRESS

Walter R. Holloway 460 V9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

BUREAU V. S.
APR 1950

Evidence for addition of #4 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04399

FILM No. G 125 MAY 8 1950

CERTIFICATE OF DEATH

Reg. Dist. No. 266

1. PLACE OF DEATH: COUNTY Somerset MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ewell; LENGTH OF STAY (in this place) Lifetime	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ewell
HOSPITAL OR INSTITUTION OR STREET ADDRESS Smiths Island	STREET ADDRESS (If rural, give location) Smiths Island

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	George	Thomas	Evans	April	21	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	May 3, 1883	66 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
crabber & oyster	Seafood	Ewell, Smiths Island, Md	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George A. Evans	George Anna Evans

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		Mrs. George T. Evans- Ewell, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Arterio sclerotic heart disease	3½ yrs.
420.0 Antecedent cause(s)	
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	
(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile dementia--simple type	3½ yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Oct. 16, 1946, to Apr. 21, 1950, that I last saw the deceased alive on Apr. 21, 1950, and that death occurred at 3:30 p. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
M. G. Chambers	M. D.	Ewell Maryland	

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Apr. 23, 1950	Ewell Cemetery	Ewell, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
	Mrs. Lani Hitchins	Bradshaw Funeral Parlors	Crisfield

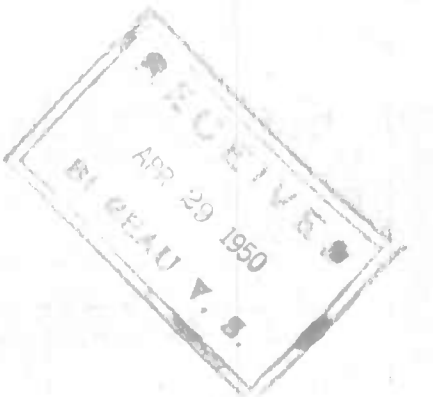
p. m. - g.

900 VI

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15


RECEIVED
APR 29 1950
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04400

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Smiths Island
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rhodes Point

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland Somerset COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Smiths Island
STREET ADDRESS (If rural, give location) Rhodes Point

3. NAME OF DECEASED (Type or Print) (First) NOAH (Middle) G. (Last) EVANS

4. DATE OF DEATH (Month) 4/1/1950 (Day) (Year) 19

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH Nov. 2, 1882

9. AGE last birthday 67 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waterman

10b. KIND OF BUSINESS OR INDUSTRY Oysters

11. BIRTHPLACE (State or foreign country) Rhodes Point, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Elizah T. Evans

14. MOTHER'S MAIDEN NAME Sallie Dize

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Wayne Evans--Rhodes Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute dilitation of heart	½ hr.
Antecedent cause(s)	(b) Hypertensive cardio vascular	yrs ?
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) disease	

443

131a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chr. interstitial nephritis. yrs ?

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 4, 1947, to Mar. 24, 1950, that I last saw the deceased alive on Mar. 24, 1950, and that death occurred at 11:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) C. G. Rawley M.D.
ADDRESS Crisfield, Md.
DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Apr. 4, 1950
NAME OF CEMETERY OR CREMATORY Rhodes Point Cemetery
LOCATION (City, town, or county) (State) Rhodes Point, Md.

DATE REC'D BY LOCAL REG. 4/4/50
REGISTRAR'S SIGNATURE Betty W. Tyler
24. FUNERAL DIRECTOR Bradshaw Funeral Parlors
ADDRESS Crisfield

900V1

RECEIVED
APR 7 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04401

CERTIFICATE OF DEATH

Reg. Dist. No. 265

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
LENGTH OF STAY (in this place) 87 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Main Street

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
STREET ADDRESS (If rural, give location) Main Street

3. NAME OF DECEASED (Type or Print) (First) William (Middle) E. (Last) Gibson

4. DATE OF DEATH (Month) (Day) (Year) April 25, 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Male	White	Widower	Nov. 6, 1862	87 yrs.	5	19		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Seafood Dealer	Seafood	Maryland	USA

13. FATHER'S NAME Samuel H. Gibson

14. MOTHER'S MAIDEN NAME Susan F. Gibson nee Riggin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No		None	Aldine G. Dize, Crisfield, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval Between Onset and Death: 3½ hr.

420.1 Antecedent cause(s)

944a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Apr. 23, 1950, to Apr. 25, 1950, that I last saw the deceased alive on Apr. 25, 1950, and that death occurred at 1:00 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Sarah M. Payton	M.D.	Crisfield, Md	Apr. 26, 1950

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	April 28, 1950	Crisfield Cemetery	Crisfield, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4/28/50	Betty W. Tyler	Durward C. Covington	Crisfield, Md.

15611

RECEIVED
MAY 3 1950
BUREAU V. S.

MARYSMAN.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04402

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH: COUNTY Somerset — MARYLAND Md
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dames Quarter. — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Home Above.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dames Quarter.
STREET ADDRESS (If rural, give location) Rural.

3. NAME OF DECEASED (Type or Print) (First) John (Middle) W. (Last) Hayward
4. DATE OF DEATH (Month) 4 (Day) 18 (Year) 1950
5. SEX Male
6. COLOR OR RACE Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 1892
9. AGE last birthday 58 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer-Farmhand
10b. KIND OF BUSINESS OR INDUSTRY Farmwork
11. BIRTHPLACE (State or foreign country) Dames Quarter
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME unknown
14. MOTHER'S MAIDEN NAME Anna Jones
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT Amas Wilson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic Myocarditis — 1 year

422.2 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

93d (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 15, 1950, to April 18, 1950, that I last saw the deceased alive on Ap 15th, 1950, and that death occurred at 8:30 p.m., from the causes and on the date stated above.

SIGNATURE Eldore G. Marysman (Degree or title) ADDRESS Princess Anne, Md DATE SIGNED 4/20/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF 4-21-50 — NAME OF CEMETERY OR CREMATORY Dames Quarter Cem — LOCATION (City, town, or county) Dames Quarter (State) Md

DATE REC'D BY LOCAL REG. 4/21/50 — REGISTRAR'S SIGNATURE R.H. Johnson, M.D. Md. — 24. FUNERAL DIRECTOR Booker M West — ADDRESS

XVX 99

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

BUREAU V. S.
APR 30 1960

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04403

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH: COUNTY Somerset [redacted] MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Richmond
STREET ADDRESS (If rural, give location) 506 Brooklyn Park Road

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Fletcher (Last) Jefferson
4. DATE OF DEATH: (Month) April (Day) 9 (Year) 1950

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~ (Specify)
8. DATE OF BIRTH: Apr. 6, 1901
9. AGE last birthday: 49 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chief Engineer
10b. KIND OF BUSINESS OR INDUSTRY: Tug Boat
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Jefferson
14. MOTHER'S MAIDEN NAME: First name Unknown Patterson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: 233 07 9611
17. INFORMANT AND ADDRESS: Personal Records & Mrs. William Jefferson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Drowned due to Sinking of Tug Boat — Interval Between Onset and Death:

8501.8 Antecedent cause(s)

172 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT (Specify) ~~SUICIDE~~ ~~HOMICIDE~~ | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Chesapeake Bay | (CITY OR TOWN) | (COUNTY) | (STATE): Va

TIME OF INJURY (Month) (Day) (Year) (Hour): Apr 9 1950 2:30 PM | INJURY OCCURRED While at Work ☑ Not While At work ☐ | HOW DID INJURY OCCUR? Boat Sunk

22. I hereby certify that I attended the deceased from Drowned, Apr. 9, 1950 that I last saw the deceased alive on ....., 19....., and that death occurred at 2.30 P.m., from the causes and on the date stated above.

SIGNATURE [redacted] (Degree or title) ADDRESS Crisfield DATE SIGNED Md

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: May 20 1950 | NAME OF CEMETERY OR CREMATORY: Emory Cemetery | LOCATION (City, town, or county): Richmond (State): Va.

DATE REC'D BY LOCAL REG. 5/18/50 | REGISTRAR'S SIGNATURE: Betty W. Tyler | 24. FUNERAL DIRECTOR: Bradshaw Funeral Parlors ADDRESS: Crisfield, Md

460 51

VS. A15

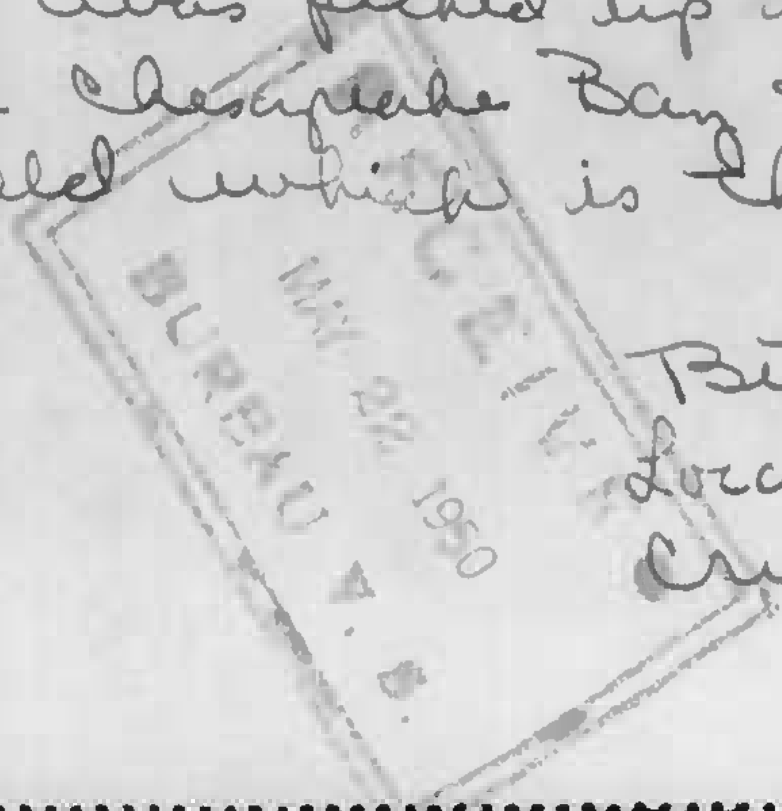
PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
MAY 22 1950
BUREAU F. S.

[redacted]

This man was drowned in Virginia waters & was picked up in Maryland Waters in Chesapeake Bay & brought to Crisfield which is the nearest port



Billy W. Tyler
Local Registrar 265
Crisfield, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

04404

Reg. Dist. No. 260

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Eden
LENGTH OF STAY (In this place) 38 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Eden
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print) (First) ELMER (Middle) L. DAVIS (Last) JONES

4. DATE OF DEATH (Month) April (Day) 1 (Year) 1950

5. SEX Male

6. COLOR OR RACE Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH 2/12/1912

9. AGE last birthday 38 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer

10b. KIND OF BUSINESS OR INDUSTRY Saw Mill

11. BIRTHPLACE (State or foreign country) Maryland (Somerset County)

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William Jones

14. MOTHER'S MAIDEN NAME Elizabeth Collier

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)

16. SOCIAL SECURITY No. 214-28-8449

17. INFORMANT Alice Jones

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH —

916.0 Immediate cause (a) Burned to death

180 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

HENRY M. LANKFORD, M.D.
Deputy Medical Examiner
for Somerset County

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home

(CITY OR TOWN) Eden (COUNTY) Somerset (STATE) Maryland

TIME OF INJURY (Month) April (Day) 1 (Year) 1950 (Hour) 1015 P.m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Trapped in a burning building

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Henry M. Lankford (Degree or title) M.D. ADDRESS Princess Ann Md DATE SIGNED 4/4/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF 4-5-50 NAME OF CEMETERY OR CREMATORY St Paul LOCATION (City, town, or county) Revell neck (State) Md

DATE REC'D BY LOCAL REG. 4/4/50 REGISTRAR'S SIGNATURE R. H. Johnson, M.D. Jr.

24. FUNERAL DIRECTOR William H. James Jr. ADDRESS Princess Anne, Md.

98609

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15A

RECEIVED
APR 6 1950
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04405

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH: COUNTY Somerset; CITY (If outside corporate limits, write RURAL, and give nearest town) OR TOWN Crisfield; MARYLAND; LENGTH OF STAY (in this place) Lifetime; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Somerset; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield, Md.; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Roma (Middle) A. (Last) Jones

4. DATE OF DEATH: (Month) 4 (Day) 21 (Year) 1950

5. SEX: male

6. COLOR OR RACE: Colored

7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~ (Specify): married

8. DATE OF BIRTH: 3/5/1887

9. AGE last birthday: 63 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waiter

10b. KIND OF BUSINESS OR INDUSTRY: Waiter

11. BIRTHPLACE (State or foreign country): Crisfield

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William F. Jones

14. MOTHER'S MAIDEN NAME: Cordelia Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No.

16. SOCIAL SECURITY NO.: 212-16-7100

17. INFORMANT: Shelly Jones.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Myocarditis — Interval Between Onset and Death: 2 years

422.2 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 15th, 1949, to April 21st 1950, that I last saw the deceased alive on April 20, 1950, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Edgar G. Mansmann — ADDRESS: Princess Anne — DATE SIGNED: April 22, 1950

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 4/23/50 — NAME OF CEMETERY OR CREMATORY: [illegible] Road — LOCATION (City, town, or county) (State): Crisfield Md.

DATE REC'D BY LOCAL REG. 4/22/50 — REGISTRAR'S SIGNATURE: L. H. Johnson, M.D. — 24. FUNERAL DIRECTOR: William H. Jones Jr. — ADDRESS: Princess Anne Md. 18071

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04406

CERTIFICATE OF DEATH

Reg. Dist. No. 260

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Somerset; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne; MARYLAND; LENGTH OF STAY (in this place) 3 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Somerset; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne Rural 3; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Niels	Fred	Larson	April	19	50

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
male	white	married	Dec. 31, 1869	80 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	farmer Owner	Denmark	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Peter Larson	Christina Bodell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
no no	no	Mrs Ira Turner Princess Anne, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0 **Immediate cause** (a) Dilated Heart-

95c **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
No				

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Did Not Attend Living, that I last saw the deceased alive on ....., 19....., and that death occurred at ....m., from the causes and on the date stated above.

SIGNATURE: J. Smith M.D. (Degree or title) ADDRESS Princess Anne Md. DATE SIGNED

23. BURIAL, CREMATION / REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4-23-1950	Graycelawn Memorial Park	Wilmington Del.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4/20/50	R. E. Johnson, M.D.	Levin R. Wilson	Princess Anne, Md. 00044

RECEIVED
APR 21 1950
BUREAU V. S.

Evidence for change of age shown oN:

FILM No. G 125 APR 19 1950

04407

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 268

1. PLACE OF DEATH — COUNTY: Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Deal Island — LENGTH OF STAY (in this place): life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: ✓

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Deal Island.
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Jr. (Last) Mister
4. DATE OF DEATH: (Month) 4 (Day) 3 (Year) 1950
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov 17, 1865
9. AGE last birthday: 84 83 yrs. — If under 1 year: Months 4, Days 14 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waterman
10b. KIND OF BUSINESS OR INDUSTRY: Fishing
11. BIRTHPLACE (State or foreign country): Deal Island, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Richard Mister
14. MOTHER'S MAIDEN NAME: Elizabeth Hitchens
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT: Mrs Leva B. Mister

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

450.1 Immediate cause (a) Myocardial failure — unknown

Antecedent cause(s)

97 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Senile arterial sclerosis — unknown

(c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. Gangrene rt heel & little toe — 2 mo

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 1 1950, to April 3, 1950, that I last saw the deceased alive on March 10, 1950, and that death occurred at 7 P.m., from the causes and on the date stated above.

SIGNATURE: Shea. B Wheatley (Degree or title) M.D. — ADDRESS: Princess Anne, Md. — DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 4/5/50 — NAME OF CEMETERY OR CREMATORY: Deal Island Cemetery — LOCATION (City, town, or county): Deal Island — (State): Md.

DATE REC'D BY LOCAL REG.: 4-4-50 — REGISTRAR'S SIGNATURE: Lola T. Wheatley — 24. FUNERAL DIRECTOR: Dale Dashiell, Princess Anne, Md. — ADDRESS

900 V1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 10 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04408

Reg. Dist. No. 260

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wenona
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wenona
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Fred (Middle) (Last) Parker

4. DATE OF DEATH (Month) Apr (Day) 8 (Year) 1950

5. SEX Male
6. COLOR OR RACE C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH Feb 11-1887
9. AGE last birthday 63 yrs. If under 1 Months 1 year Days 27 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Sailor
11. BIRTHPLACE (State or foreign country) Deal Island Somerset Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John A Parker
14. MOTHER'S MAIDEN NAME on known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Frank Parker

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 1 year

4222 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 15th, 1949, to April 8th, 1950, that I last saw the deceased alive on April 7, 1950, and that death occurred at 4:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Eldon G. Marsman — ADDRESS Princess Anne Md — DATE SIGNED 4.10.50

23. BURIAL, CREMATION REMOVAL (Specify) burial
DATE Apr 12. 1950
NAME OF CEMETERY OR CREMATORY John Wesley
LOCATION (City, town, or county) (State) Deal Island Somerset Co Md

DATE REC'D BY LOCAL REG. 4/12/50
REGISTRAR'S SIGNATURE R. H. Johnson, M.D.
24. FUNERAL DIRECTOR Charles H Ward Marion Md. ADDRESS

98851

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

RECEIVED
APR 13 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

04409

Reg. Dist. No. 260

1. PLACE OF DEATH
COUNTY Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne
LENGTH OF STAY (In this place) —
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waterview
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print): (First) Edith (Middle) E. (Last) SCHAUFERT

4. DATE OF DEATH: (Month) April (Day) 3 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Oct. 31, 1903

9. AGE last birthday: 46 yrs. If under 1 year: Months — Days — If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country): Reading, Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Fred Tyson

14. MOTHER'S MAIDEN NAME: Minerva Derr

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT: Paul Schaufert - Waterview Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

420.1 **Immediate cause** (a) Coronary Disease —

94a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c) —

HENRY M. LANKFORD, M.D.
Deputy Medical Examiner
for Somerset County

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY None
(CITY OR TOWN) — (COUNTY) — (STATE) —

TIME OF INJURY (Month) (Day) (Year) (Hour) m. —
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? —

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Henry M. Lankford M.D. Princess Anne Md 4/4/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 4-6-1950
NAME OF CEMETERY OR CREMATORY: Charles Evans cemetery
LOCATION (City, town, or county) (State): Reading Pa.

DATE REC'D BY LOCAL REG. 4/4/50
REGISTRAR'S SIGNATURE: K. H. Johnson, M.D.
24. FUNERAL DIRECTOR: Leon R. Wilson
ADDRESS: Princess Anne, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
APR 6 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04410

Reg. Dist. No. 265

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
LENGTH OF STAY (In this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 158 S. Fourth St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
STREET ADDRESS (If rural, give location) 158 S. Fourth St.

3. NAME OF DECEASED (Type or Print): (First) CINDERELLA (Middle) (Last) McCREADY

4. DATE OF DEATH: (Month) (Day) (Year) 4/15/50 19

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: May 12, 1920

9. AGE last birthday: 29 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Marumsco, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Samuel McCready

14. MOTHER'S MAIDEN NAME: Beulah Jackson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Samuel McCready-- 158 S. 4th St. Crisfield, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis — Interval Between Onset and Death: 7 yrs.

002X Antecedent cause(s)

131 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1945, 19..., to 4/15, 1950 that I last saw the deceased alive on 4/15, 1950, and that death occurred at 11:30 P. m., from the causes and on the date stated above.

SIGNATURE: Sarah M. Payton (Degree or title): M.D ADDRESS: Crisfield, Md. DATE SIGNED: 4/18/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE: 4/18/50 NAME OF CEMETERY OR CREMATORY: Marumsco Cemetery LOCATION (City, town, or county) (State): Marumsco, Maryland

DATE RECD BY LOCAL REG. 4/18/50 REGISTRAR'S SIGNATURE: Betty W. Tyler

24. FUNERAL DIRECTOR: Bradshaw Funeral Parlors ADDRESS: Crisfield

RECEIVED
APR 22 1950
BUREAU V. S.

M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

I

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04411

CERTIFICATE OF DEATH

Reg. Dist. No. 261

1. PLACE OF DEATH · COUNTY Somerset County MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marion Sta. LENGTH OF STAY (in this place) 85 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marion station
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) John (Middle) W. (Last) Schoofield			4. DATE OF DEATH (Month) April (Day) 2 (Year) 1950		
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Feb. 6th 1865	9. AGE last birthday 85 yrs.	If under 1 year Months / Days / If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer	10b. KIND OF BUSINESS OR INDUSTRY Owner none	11. BIRTHPLACE (State or foreign country) Marion sta. Md.	12. CITIZEN OF WHAT COUNTRY? United States		
13. FATHER'S NAME John Henry Schoofield		14. MOTHER'S MAIDEN NAME Sallie Ward			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)	16. SOCIAL SECURITY NO. none	17. INFORMANT Mrs. Eleanor Hay			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
422.1 Immediate cause	(a) Cerebral Hemorrhage Acute Dil of Int	24 hrs
Antecedent cause(s)		
131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Int nephritis Myocarditis	
	(c) Genuine Arteriosclerosis	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify) no.	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 2, 1950, to April 2, 1950, that I last saw the deceased alive on April 2, 1950, and that death occurred at 8 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
George C. Cuthbrum MD		Marion Md	

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE April 5, 1950	NAME OF CEMETERY OR CREMATORY Libany Cemetery	LOCATION (City, town, or county) (State) Marion, Md.
DATE REC'D BY LOCAL REG. April 4, 1950	REGISTRAR'S SIGNATURE Betty Massey	24. FUNERAL DIRECTOR George W. Leighman	ADDRESS

000VV

RECEIVED
APR 7 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04412

Reg. Dist. No. 26-5

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield — LENGTH OF STAY (In this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS McCready Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) INFANT (Middle) Frances Marie (Last) TYLER

4. DATE OF DEATH: (Month) April (Day) 26 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: Apr. 24, 1950

9. AGE last birthday: yrs. — If under 1 year: Months. Days 2 — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Crisfield, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Welton Tyler

14. MOTHER'S MAIDEN NAME: Henrietta Heinsman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Welton Tyler - Ewell, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) 6 mos. Jetus — 1 day

776X Antecedent cause(s)

159 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 25, 1950, to Apr. 26, 1950, that I last saw the deceased alive on Apr. 26, 1950, and that death occurred at 10:00 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Sarah M. Peyton	M.D	Crisfield, Md	4/28/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Apr. 29	Ewell Cemetery	Ewell, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4/29/50	Betty W. Tyler	Bradshaw Funeral Parlors	Crisfield

2-0-4-25-0-24-1-24-1

RECEIVED
MAY 3 1950
BUREAU V. S.

(1)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

(I)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04413

CERTIFICATE OF DEATH

Reg. Dist. No. 268

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Deal Island
LENGTH OF STAY (in this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Princess Anne
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print) (First) Anna (Middle) Windsor (Last) Walter
4. DATE OF DEATH (Month) April (Day) 19 (Year) 1950
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH Unknown
9. AGE last birthday 82 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Household duties
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Deal Island
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME John Henry Windsor
14. MOTHER'S MAIDEN NAME Not Obtainable
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Willie Walter Deal Island Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
492x Immediate cause	(a) Myocardial Failure	1 wk.
109 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Varicose Pneumonia	3 wks
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/4/50, 19....., to April 19, 1950, that I last saw the deceased alive on April 18, 1950, and that death occurred at 7 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Jas. B. Wheatley M.D. ADDRESS Princess Anne Md DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 4/23/1950
NAME OF CEMETERY OR CREMATORY St John M.E.
LOCATION (City, town, or county) Deal Island Md (State)

DATE REC'D BY LOCAL REG. 4-26-50
REGISTRAR'S SIGNATURE Lola T. Wheatley (g.)
24. FUNERAL DIRECTOR L. G. Webster Deal Island Md ADDRESS

RECEIVED
MAY 5 1950
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04414

CERTIFICATE OF DEATH

Reg. Dist. No. 265

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS ~~XXXXXX~~ Maryland Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland Somerset COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
STREET ADDRESS (If rural, give location) Maryland Ave.

3. NAME OF DECEASED (Type or Print): (First) ROBERT (Middle) DAVID (Last) WARD

4. DATE OF DEATH (Month) (Day) (Year) 4/30/50 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): divorced

8. DATE OF BIRTH: 5/8/1874

9. AGE last birthday: 75 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): electrician

10b. KIND OF BUSINESS OR INDUSTRY: General Electirc

11. BIRTHPLACE (State or foreign country): Crisfield, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Augustus Ward

14. MOTHER'S MAIDEN NAME: Mary Wesley Lawson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs. Irene Ward Atkinson Maryland Av Crisfield

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Myocardial failure; malnutrition	2 wks.
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of the lung	?
	(c)	

163X
470

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cerebral Thrombosis — 3 wks

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) Crisfield (COUNTY) Somerset (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 1, 1950, to Apr. 28, 1950, that I last saw the deceased alive on April 28, 1950, and that death occurred at Apr. 30; 2:20 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Harry Mattay M.D. ADDRESS Crisfield, Md. DATE SIGNED May 2, 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE 5/2/1950 | NAME OF CEMETERY OR CREMATORY Sunnyridge Cemetery | LOCATION (City, town, or county) (State) Crisfield, Md.

DATE REC'D BY LOCAL REG. 5/2/50 | REGISTRAR'S SIGNATURE Betty W. Tyler

24. FUNERAL DIRECTOR ADDRESS Bradshaw Funeral Parlors Crisfield

31435

RECEIVED
MAY 8 1950
BUREAU V. S.